

**Response to Scottish Government Consultation on 'A Mental Health Strategy for Scotland 2011-2015'**

**Introduction**

1. This paper sets out COSLA's response to the Scottish Government consultation on developing a new mental health strategy for Scotland. It highlights the fundamental commitment that all councils have to improving mental health and emphasises our broad support for the development of a new strategy that aims to consolidate existing work on mental health improvement, preventing mental health problems and improving mental health services.
2. It is noted that some of our member councils, and professional associations or networks to which key council staff belong, intend to offer individual responses to the consultation. Many of the consultation questions refer to matters of particular detail and we would refer the Scottish Government to the responses of our members on these matters. As such, COSLA's response is limited to what we consider to be political or policy issues.
3. We have indicated where our comments relate to particular consultation questions at each of the sections below; however, the majority of our comments should be read as applying to the strategy as a whole.

**Scope – Questions 1, 2, 11, 21**

4. Councils and their community planning partners have worked hard to establish Single Outcome Agreements for each of Scotland's 32 local authorities, and the strategy's focus on outcomes is to be welcomed as a way of helping national initiatives to dovetail with the outcomes approach at a local level. It will be important to ensure that the fully developed strategy maintains this approach and supports joint working across the range of bodies and services required to take forward a whole-systems approach to mental health. This will be especially relevant as we progress our work on an outcomes-based approach to health and social care integration, and to ensure sufficient focus on each of the strands of a whole-systems approach to mental health – prevention, improvement, care and treatment.
5. The broad nature of the 14 outcomes means that they cannot be delivered by the Scottish Government or the NHS alone. There is a need to ensure the strategy takes sufficient account of the wider system in which NHS services operate and the role of other partners, including local authorities, in the design and delivery of services. Although the strategy considers how mental health services should work with other health and social care services, such as learning disability, there is a need to consider a wider range of services and these should fit together to provide appropriate pathways. This should include non-clinical interventions involving communities, schools, workplaces and other relevant settings.
6. In addition to considering non-clinical interventions for people already experiencing a mental health problem, the strategy could make more reference to the social and cultural influences on mental health and the services which can function to improve mental wellbeing and prevent mental ill-health. This includes services impacting on the determinants of health, such as housing, employment support and community safety, and 'protective' services such as sport, recreation and community development.

7. Clearly a partnership approach is required – in developing the fuller strategy, it will be important to consider the role of community planning and wider health and social care integration in strengthening local partnership approaches to health and wellbeing. At a strategic level, this should be informed by other joint Scottish Government / COSLA work on reviewing community planning, and taking forward health and social care integration. Both of these agendas have the potential to help progress whole-systems approaches to mental health.
8. In terms of the integration agenda, it will be important to ensure that we do not lose sight of the need to continue developing integration beyond health and social care, for example in relation to housing, regeneration and wider strategies to tackle inequalities. This requires community planning partners to jointly design and deliver a wide range of services at the local level, and it will be important to ensure that health and social care integration continues to be progressed in a way that facilitates this local approach.
9. It will also be important to ensure that key partner agencies are properly empowered to play a full role in community planning. Ensuring that all relevant public sector agencies are directed to become involved in the review of community planning, and that they are all bound by its outcomes, will be an important first step. If partnerships are to achieve their aims, should include considering how partners' mainstream resources are invested at the local level to support the delivery of joint priorities set out in local single outcome agreements.

**Prevention and improvement– Questions 1, 2, 5, 7, 34**

10. The strategy's aim of helping to take forward Scotland's mental health policy in a more joined-up and systematic way by drawing together work on mental health improvement, preventing mental health problems and improving mental health services, is also welcome and we would fully support this policy approach. We would agree that a singular focus on those with diagnosable illnesses is not sufficient, and that there is a need to also focus on provision that prevents people from becoming ill by protecting and improving mental wellbeing.
11. However, the majority of the 14 outcomes presented in the consultation document focus on care and treatment; that is, intervention once a person has already become ill. If the strategy is to achieve its aim of improving the mental health and wellbeing of people in Scotland by drawing together work on improvement, prevention and care, greater consideration needs to be given to prevention and improvement.
12. The strategy could be strengthened by building on the work achieved through *Towards a Mentally Flourishing Scotland* to set out how services will function to provide a holistic package of improvement, prevention and care. This should include reference to other health improvement settings and services that can raise awareness of mental health and wellbeing, or services that support lifestyle behaviors, such as physical activity, which play an important role in individuals' and communities' mental health and well-being. This should be reflected in the balance of outcomes the strategy will seek to deliver. Such a focus on prevention is vital to ensuring the sustainability of services as we face the twin challenges of reduced resources and rising demand.

**Resources – Questions 1, 2**

13. The consultation document notes that 'the current financial climate means that we are increasingly faced with the challenge of delivering improved outcomes with the same or less resource', and usefully highlights relevant programme funding under the appropriate outcomes. However, the strategy does not address the fundamental question of how we move from investing the majority of our funds in care and treatment, to shifting resource across the system towards prevention.

14. It is currently estimated that mental ill-health costs the Scottish economy over £10.7bn per year, with around £1.9bn of these costs falling on health and social care services and a further £3.2bn arising from output losses such as sickness absence - a large proportion of which are borne by the NHS and local authorities as major employers in Scotland.<sup>1</sup> The case for investing in improvement and prevention has also been set out by the NHS in Scotland and IDeA in England.<sup>2 3</sup> Many of the strategy's outcomes do focus on shifting the balance of care towards community settings, however as highlighted above, this mainly relates to the care of people once they have become ill and does not address the question of how resources can be re-directed towards preventing mental ill-health and ultimately taking costs out of the system.
15. Even if sufficient re-profiling of spend towards prevention could be achieved, consequent reductions in care and treatment costs will take time to emerge. In the meantime, local authorities, and their community planning partners, are facing significant reductions in funding which will impact on services' ability to meet rising demand. This will necessitate the re-design of services and, in some cases, reductions in service. Partner agencies will have to work together to make difficult decisions about priorities for investment. Within this context it may be necessary to consider a phased approach towards the desired outcomes, accepting that progress at the pace and of the magnitude we would wish may not be possible within the resources available.

**Measuring progress— Questions 12, 22, 25, 27, 31, 32, 35**

16. To help support the implementation of the strategy, and to monitor progress, the roles and responsibilities of different agencies for delivering the strategy could be set out more clearly. It is not clear to what degree the strategy is mainly intended to direct the work of the NHS and its interface with social care, or to what extent it should influence the work of other services, including those delivered by a range of NDPBs who are well-placed to provide non-clinical interventions, for example in relation to skills development or support to employers.
17. Whilst acknowledging that one aim of this consultation exercise is to gather views on what additional activity is required, it is not clear how the 14 outcomes will be achieved and this could usefully be set out in the fully developed strategy. In addition to describing 'What we have done' and 'Key Challenges' for each outcome, it would be helpful to specify what new activity will be driven by the strategy, or what we would expect will be done differently as a result of the strategy.
18. It is also not clear how the outcomes will be measured or monitored. Existing HEAT targets are mentioned where relevant, however this does not provide adequate coverage across the full range of outcomes, or in relation to a whole-systems approach to mental health. Many of the strategy's outcomes will require a partnership approach if they are to be achieved; it is therefore important that these outcomes, and any associated indicators or targets, are well-aligned to other relevant outcome frameworks and the relationships between them are well-defined and clearly articulated.
19. In particular, the relationships between the developing health and social care outcomes, HEAT targets, quality outcome indicators, the community care outcomes framework, re-shaping care indicators, SOAs and the mental health strategy outcomes need to be clearly articulated, and consideration given to dropping measures and rationalising frameworks where appropriate. This alignment and streamlining will be even more important as we move to develop new

<sup>1</sup> *What's It Worth Now?: The social and economic costs of mental health problems in Scotland*, Scottish Association for Mental Health, 2009.

<sup>2</sup> *Supporting continued investment in mental health improvement in Scotland in an economic downturn*, NHS Health Scotland, 2011.

<sup>3</sup> *Valuing Health: developing a business case for health improvement*, Improvement and Development Agency (IDeA), 2009.

models of care across the health and social care sectors, and as part of a whole-systems approach to delivering outcomes across community planning partnerships.

**Legislation – Questions 15, 25, 35**

20. In addition to setting out the roles and responsibilities of different agencies for delivering the outcomes and how progress will be monitored, the strategy could reference relevant Acts and the statutory duties they place upon different bodies more clearly. This would help to raise awareness of these duties, and of the rights of individuals and carers. Identifying the linkages across different pieces of legislation would also be helpful.
21. Our understanding is that any changes to existing legislation will be subject to separate consideration, and would follow after the implementation of the new mental health strategy. COSLA members will want to consider any new legislative proposals as part of the formal consultation process, and in light of the findings of the McManus Review of the Mental Health (Care and Treatment) (Scotland) Act 2003. However, it is worth noting that any changes to legislation should avoid placing additional duties or financial burdens on councils within the current economic climate. Councils already face significant pressure through rising demand, against a backdrop of reducing resources, and any new duties or financial burdens could jeopardise existing services.

**Asset-based approaches – Questions 3, 4, 6, 7, 9, 10, 14, 15, 16, 19**

22. Scotland's major social policy frameworks recognise that cycles of poverty, children's start in life and poor health are interlinked. Early intervention and moving from crisis management to prevention will be key to breaking cycles of poor outcomes in people's lives. There has also been an increasing focus on the role that asset-based approaches to health improvement can play in this area, and any new mental health strategy needs to be set within this context.<sup>4 5</sup>
23. If outcomes 1, 2 and 3 in particular are to be achieved, there will need to be a greater focus on enhancing and harnessing the assets of individuals, families and wider communities to develop resilience and improve and protect mental wellbeing. This will require a cross-cutting approach which draws together action by a range of partners, and focuses on individuals and communities as equal partners in this process. Transforming public services to empower individuals, rather than engender dependency, will need to include re-designing services through co-production and the strategy could give greater consideration to how this might be taken forward.
24. The strategy could also be strengthened by setting out how it will help implement other key policies which have the potential to support a move towards more asset-based approaches. The personalisation agenda has much potential to help take forward more asset-based approaches to mental health and well-being. For example, self-directed support can empower individuals to take greater control of their lives, and consideration should be given to how the full range of services covered by the mental health strategy can adopt this approach.

COSLA  
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<sup>4</sup> *A glass half full: how an asset approach can improve health and well-being*, Improvement and Development Agency (IDeA), 2010.

<sup>5</sup> *Asset-based approaches to health improvement*, NHS Health Scotland, 2011.